## **IRO Certificate #4599**

# NOTICE OF INDEPENDENT REVIEW DECISION

January 13, 2003

so # M2 02 1159

Re: IRO Case # M2-02-1158
Texas Worker's Compensation Commission:
has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.
In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to for an independent review has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.
The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.
The determination of the reviewer who reviewed this case, based on the medical records provided, is as follows:
History The patient is a 44-year-old female who developed low back and neck pain Films of the lumbar spine were thought to be normal except for some degenerative disk disease changes. No record of x-rays of the cervical spine were provided for this review, but the treating spine surgeon commented that there is a C5-6 HNP and some spinal cord defomity. Nothing in the records provided substantiates this claim. There is no MRI of the cervical spine, nor any examination suggesting the above-mentioned problem.
Requested Service Epidural Steroid injections

#### Decision

I agree with the carrier's decision to deny the requested epidural steroid injections to evaluate this patient's problem.

#### Rationale

More work up is necessary, including an MRI, or if the patient is unable to undergo an MRI, possibly even CY myelographic evaluation before pursuing epidural steroid injections would be indicated. I must assume that there was more diagnostic testing, but records of such testing were not provided for review.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,			